

FILED MAR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6571

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1892	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE OF DECEASED LIVED. If institution: residence before admission. a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION AST? JOHN'S HOSPITAL				d. STREET ADDRESS (If rural, give location) 4827 Farlin Avenue			
3. NAME OF DECEASED (Type or Print)		a. (First) PATRICK M.		b. (Middle) O'DOWD		c. (Last) _____	
4. DATE OF DEATH		(Month) 2-25-1950		(Day) _____		(Year) _____	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan. 28, 1891		9. AGE (In years last birthday) 59 yrs	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchman		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Montgomery City, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Patrick O'Down		13b. MOTHER'S MAIDEN NAME Mary Kerwin		14. NAME OF HUSBAND OR WIFE Margaret O'Dowd			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. W.W.# 1		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mgt. O'Dowd			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1/401				INTERVAL BETWEEN ONSET AND DEATH 5 min 2 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb 14 , 1950, to Feb 25 , 1950, that I last saw the deceased alive on Feb 25 , 1950, and that death occurred at 12:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Dr. C. N. Lindeman M.D.				23b. ADDRESS 2/27/50 4126th Street		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-28-50		24c. NAME OF CEMETERY OR CREMATORY Int. Memorial Pk. Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL		REGISTRAR'S SIGNATURE J. B. Saxator		25. FUNERAL DIRECTOR'S SIGNATURE Sullivan Fun. Dir. 2849 N. Euclid			

(Licensed Embellisher's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Student Embalmer No.

Signed.....

Robert L. Drinkman

Signed.....
Student Embalmer

Licensed Embalmer No.

3553

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.